## Recipient Co Campaign St Cover Page

Campaign Statement			CITY LINK	CALIFORNIA 460
Cover Page	Statement covers period	Date of election if applicable:		E OLYM
	from 01/01/2017	(Month, Day, Year)		Page1 of24
	through 12/31/2017			For Official Use Only
1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4	s Complete Parts 1, 2, 3, and 4	2. Type of Statement:		
			]	

X Officeholder, Candidate Controlled Committee		Primarily Formed Ballot Measure		Preelection Statement	Quarter	Quarterly Statement	
State Candidate Election Committee	Committee	-		X Semi-annual Statement	Special of	Special Odd-Year Report	
☐ Recall (Also Complete Part 5)	Sponsored			Termination Statement (Also file a Form 410 Termination)			
General Purpose Committee	(Aso compare rano)	Pano)		X Amendment (Explain Below)			
Sponsored	Primarily Formed Candidate/ Officeholder Committee	ned Candidate/ committee		New information was provided that clarified some expenses on the original report. This was due to the	ne expenses or	n the original report. This was	due to the
Small Contributor Committee Political Party/Central Committee	(Also Complete Part 7)	Part 7)		candidate being out of the country at the time the filing was being prepared and unavailable for consultation. The overall totals have not changed. Date range was also changed to include the	ne tiling was be ed. Date range	ountry at the time the filing was being prepared and unavailable for als have not changed. Date range was also changed to include the entire	tor he entire
3. Committee Information	I.D. NUMBER	1397556		Treasurer(s)			
COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)	NO COMMITTEE)			NAME OF TREASURER			
Randy Fox for City Council 2018				Thomas Montgomery			
				MAILING ADDRESS			
				1912 Grand Avenue			
STREET ADDRESS (NO P.O. BOX)				CONTRACTOR	STATE	ZIP CODE	AREA
1535 Beacon Ridge Way				San Rafael, CA 94901			
CODE/PHONE	STATE	ZIP CODE	AREA	NAME OF ASSISTANT TREASURER, IF ANY			
Corona, CA 92883		(951)340-0362	-0362				
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX	REET OR P.O. BOX			MAILING ADDRESS			
2 Civic Center Drive #4338							
CITY CODE/PHONE San Rafael, CA 94903	STATE	ZIP CODE	AREA	CITY CODE/PHONE	STATE	ZIP CODE	AREA
OPTIONAL: FAX / E-MAIL ADDRESS				OPTIONAL: FAX / E-MAIL ADDRESS			

#### Verification

fox@politicalvisions.com

compl I have used all reasonable diligence in pre ring and reviewing this statement and to the best of my knowledge the info <u>.</u>

Executed on 04/20/2018  DATE  Executed on 04/20/2018  Executed on 04/20/2018  DATE  Executed on DATE  DATE  By Signature of Controlling Officeholder, Candidate, State Measure Proponent  Executed on DATE  Executed on DATE  Executed on DATE  Executed on DATE  Signature of Controlling Officeholder, Candidate, State Measure Proponent  By Signature of Controlling Officeholder, Candidate, State Measure Proponent	BySignature of Controlling Officeholder Candidate State Measure Proponent	DATE	Executed on
DATE  DATE  DATE  DATE  DATE  O4/20/2018  By  Signature of Treasurer or Assistant/ reasurer  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent or  By  Signature of Controlling Officeholder, Candidate, State Measure Proponent or Sponsor		DATE	
04/20/2018  DATE 04/20/2018  By Signature of Treasurer or Assistant/Treasurer Randail Fox By Randail Fox			Executed on
04/20/2018  By Thomas Montgomery  DATE  Signature of Treasurer or Assistant/Treasurer	Randall Fox	04/20/2018	Executed on
04/20/2018 By	Signature of Treasurer or Assistant/Treasurer	DATE	
		04/20/2018	Executed on

## Recipient Committee Campaign Statement Cover Page - Part 2

Dage	CALIF	
Ν	RM	COVER
2,	4	PAG
24	60	COVER PAGE - PART

NAME OF OFFICEHOLDER OR CANDIDATE  Randall Fox  OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)  RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)  COTONA, CA 92883  Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy  COMMITTEE NAME	STATE ZIP B83 ned to receive contributions	6. Primarily Formed Ballot Measure Com  NAME OF BALLOT MEASURE  BALLOT NO. OR LETTER  BALLOT NO. OR LETTER  JURISDICTION  Identify the controlling officeholder, candic NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT OFFICE SOUGHT OR HELD	JURISDICTION  JURISDICTION  JOHICOHOIDER, candidate, or sandidate, or sa	JURISDICTION  JURISDICTION  Support Officeholder, candidate, or state measure proponent, if any. NDIDATE, OR PROPONENT  DISTRICT NO. IF ANY
Related Committees Not Included in this Statement: List any commot included in this statement that are controlled by you or are primarily forme or make expenditures on behalf of your candidacy	ttees to receive contributions	ା ହା	DATE, OR PROPONENT	DISTRICT NO. IF ANY
	D. NUMBER		,	
NAME OF TREASURER	CONTROLLED COMMITTEE?	7. Primarily Formed Cau officeholder(s) or candidate	<ol> <li>Primarily Formed Candidate/Officeholder Committee List na officeholder(s) or candidate(s) for which this committee is primarily formed.</li> </ol>	mittee List names of Is primarily formed.
COMMITTEE ADDRESS (NO P.O. BOX)		NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	HT OR HELD ☐ SUPPORT
CITY STATE ZI	ZIP CODE AREA	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	
COMMITTEE NAME	I.D. NUMBER	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	NDIDATE OFFICE SOUGHT OR HELD	HT OR HELD SUPPORT
COMMITTEE ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE ZI	ZIP CODE AREA			

# Campaign Disclosure Statement Summary Page

FPPC Advice: advice@fppc.ca.gov (866/275-3772)			
FPPC Form 460 (Jary/2016)		.00	Outstanding Debts Add Line 2 + Line 9 in Column B above \$
			Cash Equivalentssee instructions on reverse \$
		.00	
			Cash Equivalents and Outstanding Debts
*Amounts in this section may be different from amounts reported in Column B.	<u>=</u>	\$ .00	17. LOAN GUARANTEES RECEIVED Schedule B, Line 2
	filed for this calendar year, only carry over the amounts		If this is a termination statement, Line 16 must be zero.
	previous period amounts. If this is the first report being	\$ 27,396.22	ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
€9	should be subtracted from	33,903.78	Cash Payments Column A, Line 8 above
€6 	amounts in Column A may	.00	Miscellaneous Increases to Cash Schedule I, Line 4
	amounts from Column B	61,300.00	Cash Receipts
7	add amounts in Column A to the corresponding	\$8	Beginning Cash Balance Previous Summary Page, Line 16
€	To calculate Column B,		Current Cash Statement
€	\$ 33,903.78	\$ 33,903.78	11. TOTAL EXPENDITURES MADE
(mm/dd/yy)	.00	.00	Nonmonetary Adjustmentschedule C, Line 3
	.00	.00	Accrued Expenses (Unpaid Bills)schedule F, Line 3
(1 )	\$33,903.78	\$ 33,903.78	SUBTOTAL CASH PAYMENTS Add Lines 6 + 7
22. Cumulative Expenditures Made*  (if Subject to Voluntary Expenditure Limit)	.00	.00	Loans Made Schedule H, Line 3
Candidates	\$ 33,903.78	\$ 33,903.78	Payments Made Schedule E, Line 4
Expenditures Limit Summary for State			Expenditures Made
Z1. Expenditures \$ .00 \$ .00	\$ 61,300.00	\$ 61,300.00	TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4
	.00	.00	Nonmonetary Contributions Schedule C, Line 3
\$ .00 \$ snc	\$ 61,300.00 2	\$ 61,300.00	SUBTOTAL CASH CONTRIBUTIONS Add Lines 1+2
1/1 through 6/30 7/1 to Date	.00	.00	Loans Received
General Elections	\$ 61,300.00	\$ 61,300.00	Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates  Running in Roth the State Primary and	Column B GALENDAR YEAR TOTAL TO DATE	Column A  TOTAL THIS PERIOD  (FROM ATTACHED SCHEDULES)	Contributions Received
1397556			Randy Fox for City Council 2018
I.D. NUMBER			NAME OF FILER
12/31/2017 Page 3 of 24	through		NATRI OTIONS ON REVIERSE
01/01/2017 CALIFORNIA 460	fron	to whole dollars.	Summary Page
SUMMARY PAGE	]	Amounts may be rounded	Campaign Disclosure Statement

NAME OF FILER Randy Fox for City Council 2018	uncil 2018		1.D. NÜMBER 1397556
FORM	REFERENCE	NOTES	
CA 460	Cover		

Randy Fox for City Council 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

Statement covers period

01/01/2017

from

through

SCHEDULE A

12/31/2017 I.D. NUMBER Page \_\_\_4 \_\_ of \_\_ 1397556 24

9/26/2017		7102/1/17		10/25/2017		11/1/2017		IOZSIZOTA		DATE RECEIVED
Costa Mesa, CA 92626	Conceptual Design and Planning Company 3195-C Airport Loop Drive Studio One	Fremont, CA 94538	Blue River Developments 48900 Milmont Drive	Aliso Viejo, CA 92856	Arantine Holdings LP 85 Enterprise	Riverside, CA 92506	Albert A. Webb Associates 3788 McCray Street	Corona, CA 92879	109 McKinley Street Associates 109 McKinley Street	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
D PTY SCC	COM	M OTH □ PTY □ SCC	COM	□ PTY □ SCC	COM	□ PTY □ SCC	COM	□ PTY □ SCC		CONTRIBUTOR CODE
										IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)
	250.00		500.00		1,000.00		500.00		1,000.00	AMOUNT RECEIVED THIS PERIOD
	250.00		500.00		1,000.00		500.00		1,000.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
	250.00 G-2018	No.	500.00 G-2018		1,000.00 G-2018	!	500.00 G-2018		1,000.00 G-2018	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL \$

3,250.00

Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA 460

				from01/01/2017		FORM 400
SEE INSTRUCT	IONS ON REVERSE			through 12/31/2017	7 Page -	5 of 24
NAME OF FILER	NAME OF FILER				I.D. NUMBER	
Kandy Fox T	Randy Fox for City Council 2018					1397556
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
0/06/00/17	Barry Cottle 12012 Theta Road	COM	Principal  C&C Development	750.00	750.00	750.00 G-2018
9/26/201/	Santa Ana, CA 92705	□ PTY SCC			:	
	CPI Properties 13551 Magnolia Avenue			2,500.00	2,500.00	2,500.00 G-2018
11172017	Corona, CA 92879	□ PTY SCC				
0/28/2017	Martha Cuevas 4928 Palomino Place	COM	Administator Alliant Sleep	4,000.00	4,000.00	4,000.00 G-2018
d Editor.	Rancho Cucamonga, CA 91/3/	□□□□ SCC				
70000	Dos Lagos CRN, LLC 3140 East Pico Boulevard	S N S N S N		1,000.00	1,000.00	1,000.00 G-2018
1120/2011	Los Angeles, CA 90023	□ PTY SCC				
0/26/2017	Philip Dowley 5553 Bellevue Avenue	COM	Partner St. Croix Capital	1,000.00	1,000.00	1,000.00 G-2018
1000	San Diego, CA 92037	SCC				

SUBTOTAL \$

9,250.00

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Randy Fox for City Council 2018

Amounts may be rounded to whole dollars.

through -	from	Staten	
12/31/2017	01/01/2017	ent covers period	
Page6 of24	FORM 400	CALIFORNIA	SCHEDULE A
	12/31/2017 Page 6 of	01/01/2017 FORM 4 12/31/2017 Page 6 of	01/01/2017 CALIFORNIA 4  12/31/2017 Page 6 of

1397556

	7/5/2017	17.04017	11/1/2017		11/1/2017		11/1/2017		7/26/2017	DATE RECEIVED
ID: 1371579	Fox for Corona Council 2014 1535 Beacon Ridge Way Corona, CA 92883	Newport Beach, CA 92660	Foremost Communities, Inc. 4590 Macarthur Boulevard #600	Colona, CA 926/8	Fast Washes, Inc. 2197 Sampson Avenue	ID: C00390161	Eureka PAC 4905 Del Ray Avenue 401	Corona, CA 928/9	Downs Energy 1296 Magnolia Avenue	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
□ PTY	MD IND	DD PTY	COM D	□ PTY Scc	CON D	□ PTY □ SCC	COM	□ PTY □ SCC	COND	CONTRIBUTOR CODE
										IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)
	14,000.00		500.00		500.00		900.00		1,500.00	AMOUNT RECEIVED THIS PERIOD
	14,000.00		500.00		500.00		900.00		1,500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
	14,000.00 G-2018		500.00 G-2018		500.00 G-2018		900.00 G-2018		1,500.00 G-2018	PER ELECTION TO DATE (IF REQUIRED)

**SUBTOTAL \$** 

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17,400.00

FPPC Form 460 (Jan/2016)
FPPC Advice: advice@fppc.ca.gov (866/275-3772)
www.fppc.ca.gov

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Randy Fox for City Council 2018

Amounts may be rounded to whole dollars.

Statement covers period

from |

SCHEDULE A

1397556

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		12/31/2017	01/01/2017
2	I.D. NUMBER	Page7	FORM

through

1102/02/1	7/26/2017	SIZOIZOII	0/08/0017	3/20/2017	0.00.00.7	i or Editor	10/25/2017	3/20/2017	9/26/2017	DATE RECEIVED
Corona, CA 92882	Honda Cars of Corona 1080 Pomona Road	San Juan Capistrano, CA 92675	Jeffrey Holbrook 29901 Imperial Drive	Cansbad, CA 92009	Susan Hinckley 7245 Almaden Lane	Corona, CA 92880	Hamner Towing, Inc. 2125 Railroad Street	Corona, CA 92883	Glen Ivy Village, Inc. 23900 Temescal Canyon Road	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
□ PTY □ SCC	COM	□ PTY □ SCC	COM	□ PTY □ SCC	COM	□ PTY □ SCC	COM	D PTY		CONTRIBUTOR CODE
	ļ		Principal  Principal  LandCap Investment Partners		None None					IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)
	1,000.00		2,500.00		750.00		150.00		500.00	AMOUNT RECEIVED THIS PERIOD
	1,000.00		2,500.00		750.00		150.00		500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
	1,000.00 G-2018		2,500.00 G-2018		750.00 G-2018		150.00 G-2018	L	500.00 G-2018	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL \$

4,900.00

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Randy Fox for City Council 2018

DATE RECEIVED

11/1/2017

9/26/2017

Amounts may be rounded to whole dollars.

from Statement covers period 01/01/2017

CALIFORNIA 460 FORM

SCHEDULE A

Page \_ 8 of

I.D. NUMBER 1397556 24

through

12/31/2017

	Lucas Oil Products, Inc. 302 North Sheridan Street Corona CA 92880	ID: C00257337	Ken Calvert for Congress 39889 Tamarisk Street	Corona, CA 92001	John Kalmikov 971 Mangrove Circle	Corona, CA 92860	K&A Engineering 357 North Sheridan Street #117	Niverside, CA 92000	Nedal Ibrahim 3969 Rancho Del Oro Drive	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	NOW D	SCC	D COM	OSCC PTY	COM	□ SCC		□ PTY		CONTRIBUTOR CODE
					President Kalvest			5 5 5 5 5 5 5	Retired	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)
	2,500.00		100.00		1,000.00		500.00		150.00	AMOUNT RECEIVED THIS PERIOD
	2,500.00		100.00		1,000.00		500.00		150.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
i.	2,500.00 G-2018		100.00 G-2018	tr	1,000.00 G-2018		500.00 G-2018		150.00 G-2018	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL \$

4,250.00

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10/25/2017

10/25/2017

9/26/2017

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Randy Fox for City Council 2018

Amounts may be rounded to whole dollars.

SCHEDULE A

둙 ਰੂ Statement covers period of 24

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			12/31/2017		01/01/2017	The second second
1397556	I.D. NUMBER		Page 9 of	1000000	FORM	CALIFORNIA

aizoizoir	0/28/2017	07/07/0	200200	0.000	9/26/2017		44 <i>H</i> 2047	UENIEN	7/26/2017	DATE RECEIVED
Cansbad, CA 92008	James Previti 5780 Fleet Street	Corona, CA 92879	Portrait Construction, Inc. 265 North Joy Street #200	IMIR, CA 92014	Bart D. Pebbles 17682 Mitchell North #201	Comna, CA 928/9	Paramount Manufactured Sales 13551 Magnolia Avenue	Urange, CA 92868	Omega Products International 282 South Anita Drive	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
□ PTY SCC		DD PTY SCC	N E	DD PTY		□ PTY	CON	□ PTY □ SCC	COM	CONTRIBUTOR CODE
	President Fh II Homebuilders, Inc.				President Catiber Retail Properties					IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)
	5,000.00		1,000.00		2,500.00		500.00		2,500.00	AMOUNT RECEIVED THIS PERIOD
	5,000.00		1,000.00		2,500.00		500.00		2,500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
	5,000.00 G-2018		1,000.00 G-2018		2,500.00 G-2018		500.00 G-2018	V.	2,500.00 G-2018	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL \$

11,500.00

Amounts may be rounded to whole dollars.

Statement covers period

TOM M

01/01/2017

CALIFORNIA SCHEDULE A

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Randy Fox for City Council 2018 DATE RECEIVED 9/26/2017 10/25/2017 9/26/2017 11/1/2017 11/1/2017 Irvine, CA 92612 Corona, CA 92879 Los Angeles, CA 90010 Corona, CA 92882 Orange, CA 92867 98 East Grand Boulevard 3161 Michelson Drive #425 3701 Wilshire Boulevard #880 200 South Main Street #200 Richland Ventures, Inc. 2518 North Santiago Boulevard Rexco, LLC REO Realty of California, Inc. Realtyland Co., Inc Robertson's FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CONTRIBUTOR CODE SCC PTY SCC NO S SCC PTY NB SCC PTY SCC OTH NO SCC SCC POTA SCC IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) through AMOUNT RECEIVED
THIS PERIOD 2,500.00 2,000.00 1,000.00 500.00 300.00 12/31/2017 CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) 2,000.00 1,000.00 2,500.00 500.00 300.00 I.D. NUMBER Page ... PER ELECTION TO DATE (IF REQUIRED) ㅎ 1397556 2,000.00 G-2018 2,500.00 G-2018 1,000.00 G-2018 500,00 G-2018 300.00 G-2018 잌 24

SUBTOTAL \$

6,300.00

Randy Fox for City Council 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

through 12/31/2017	from01/01/2017	Statement covers period	
Page11 of24	FORM 400	CALIFORNIA	SCHEDULE A

I.D. NUMBER

1397556

SECTOR	9/26/30/7		11/4/2017		7/26/2017		9/26/2017		9/26/2017	DATE RECEIVED
Houston, 1 x //055	Waste Management 1901 Afton Street	Corona, CA 92882	W.W. Harpole Property Mgmt 63 West Grand Boulevard	Newport Beach, CA 92000	Thomas Tucker 220 Newport Center Drive Suite 11-552	Curula, CA 32001	The K.W.C. Compnaies, Inc. 1880 Compton Avenue #100	Alaimili, CA SZOVO	Sierra Corporate Mgmt, Inc. 320 North Park Vista Street	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
□ PTY	COM	□ PTY □ SCC	COM	D PTY	COM	□ PTY □ SCC		□ PTY SCC		CONTRIBUTOR CODE
					President Penhill Land Co.					IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)
	150.00		200.00		2,500.00		500.00		1,000.00	AMOUNT RECEIVED THIS PERIOD
	150.00		200.00		2,500.00		500.00		1,000.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
	150.00 G-2018		200.00 G-2018	1	2,500.00 G-2018		500.00 G-2018		1,000.00 G-2018	PER ELECTION TO DATE (IF REQUIRED)

SUBTOTAL \$

4,350.00

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SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Amounts may be rounded to whole dollars.

SCHEDULE A

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		12/31/2017		01/01/2017	Statement covers period
I.D. NUMBER		Pane 12		MACH	CALIFOR
	9	12 of 24		100	NAN
			-		

Randy Fox fo	Randy Fox for City Council 2018  FULL NAME, STREET ADDRESS AND ZIP CODE OF		IF INDIVIDUAL, ENTER		CIMIII ATIVE TO DATE
DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)
	Don Williamson 2467 Emerson Drive	IND COM	Retired None	100.00	100.00
1002017	Corona, CA 92882	OSC YIE			

## Schedule A Summarv

3. Total monetary contributions received this period.  (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	2. Amount received this period - unitemized monetary contributions of less than \$100	f. Amount received this period - itemized monetary contributions.  (Include all Schedule A subtotals.)
61,300.00	.00	61,300.00

\* Contributor Codes

IND - Individual
COM - Recipient Committee
Cother than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party

SCC - Small Contributor Committee

SUBTOTAL \$

100.00

www.fppc.ca.gov

Schedule B - Part 1

Amounts may be rounded

SCHEDULE B - PART |

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Loans Received			to whole dollars.		Statement covers period	rs period	CALIFORNIA .	
				<u></u>	from01/C	01/01/2017	FORM	400
				er.	through12/3	12/31/2017	Page 13	of 24
SEE INSTRUCTIONS ON REVERSE					(		•	
NAME OF FILER							I.D. NUMBER	
Randy Fox for City Council 2018							1397556	556
FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF- EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD **	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	CONTRIBUTIONS TO DATE
				☐ PAID				CALENDAR YEAR
				\$ FORGIVEN	8	RATE %	<b>4</b> 5	PER ELECTION**
		<b>€</b>		<del>69</del>	2	<del>69</del>		
					DATE DUE		DATE INCORRED	

## Schedule B Summary

.00 (May be a negative number)	NET\$	3. Net change this period. (Subtract Line 2 from Line 1.)
.00	2. Loans paid or forgiven this period\$\$ (Total Column (c) plus loans under \$100 paid or forgiven) (Include loans paid by a third party that are also itermized on Schedule A.)	2. Loans paid or forgiven this period
.00	1. Loans received this period ————————————————————————————————————	1. Loans received this period (Total Column (b) plus uniternized loans of less than \$100.)

IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee \* Contributor Codes

\*Amounts forgiven or paid by another party also must be reported on Schedule A
\*\* If required.

SUBTOTALS \$

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(Enter (e) on Schedule E, Line 3)

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Schedule B - Part 2 Loans Received

Amounts may be rounded to whole dollars.

ed State

SCHEDULE B - PART 2

CONTRIBUTOR CODE  (IF SELF-EMPLOYER, ENTER  NAME OF BUSINESS)  LENDER  CALENDAR DATE  OI  OTH  PTY  SCC  COMULATIVE OI  GUARANTEED TO DATE  TO DATE  OI  OTH  PER ELECTION (IF REQUIRED)	SEE INSTRUCTIONS ON REVERSE  NAME OF FILER  Randy Fox for City Council 2018  FULL NAME, STREET ADDRESS AND		IF AN INDIVIDUAL, ENTER	through	12/31/2017	Page14 of I.D. NUMBER 1397556	
LENDER  DATE	FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
DATE				LENDER		CALENDAR DATE	
		SSS D OTH		DATE		PER ELECTION (IF REQUIRED)	

SUBTOTAL \$

Enter on Summary Page. Line 17 only.

Randy Fox for City Council 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

DATE RECEIVED

FULL NAME, STREET ADDRESS
AND ZIP CODE OF CONTRIBUTOR
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

CONTRIBUTOR CODE \*

Amounts may be rounded to whose dollars.

Statement covers period

CALIFORNIA SCHEDI II E C

from through 01/01/2017 12/31/2017 FORM

AMOUNT/ FAIR MARKET VALUE CUMULATIVE TO DATE CALENDAR YEAR I.D. NUMBER Page . 귥 1397556

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24

PER ELECTION TO DATE

(IF REQUIRED)

IF INDIVIDUAL, ENTER
AR OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS) DESCRIPTION OF GOODS OR SERVICES

## Schedule C Summary

- 2. Amount received this period uniternized nonmonetary contributions of less than \$100. \_ Amount received this period - itemized nonmonetary contributions. (Include all Schedule C subtotals.) - - - - - - - - - - - -
- Total nonmonetary contributions received this period.
- (add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.)  $_{-}$   $_{-}$
- ı ı ı \_TOTAL \$

.0

SUBTOTAL \$

\* Contributor Codes

IND - Individual

j <del>G</del>

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OTH - Other (e.g., business entity) COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee PTY - Political Party

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Schedule D Summary of Supporting/O Candidates, I Rang Support

mmary of	mmary of Expenditures	Amounts may be rounded to whole dollars.	be rounded lollars.	Statement covers period	CAI	SCHEDULE D
pportin	pporting/Opposing Other			from 01/01/2017	n í	<b>4</b> 00
ndidate	ndidates, Measures, and Committees			through 12/31/2017	7 Page _	16 of 24
OF FILER	of FILER  dy Fox for City Council 2018				I.D. NUMBER 1397556	72
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		Monetary Contribution Nonmonetary Contribution Independent				
	Support Oppose	Expenditure				

## SCHEDULE D SUMMARY

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2. Unitemized contributions and independent expenditures made this period of under \$100 -----

3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) \_ TOTAL \$ \_

SUBTOTAL \$

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#### Payments Made Schedule E

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Randy Fox for City Council 2018

Amounts may be rounded

SCHEDULE E

			to Whole dollars.
	through 12/31/2017	from 01/01/2017	Statement covers period
i.D. NUMBER 1397556	Page17 of24	FORM 400	CALIFORNIA 1

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

22,000.00	Policy Consulting	CNS	Occidental Communications Group 1 Coastal Oak Lane Coto de Caza, CA 92679
193.33	Bookkeeping Software Subscription	PRO	Integrated Solutions: Political 4142 Adams Avenue Suite 103-550 San Diego, CA 92116
2,500.00	General campaign consulting	CNS	Herrera Strategies 427 West Mifflin Street #4 Madison, WI 53703
	9 9		
76.44	Meal-Candidate & Spouse while on DC Summit trip	TRC	Founding Farmers 1924 Pennsylvania Avenue Northwest Washington, DC 20006
AMOUNI PAID	DESCRIPTION OF PAYMENT	l	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)
	מחסיים מיינים מי	CODE OR	NAME AND ADDRESS OF PAYEE
net, e-mail)		PRT print ads	LII campaign literature and mailings
	VOT	PRO professional services (legal, accounting)	
same candidate/sponsor	enger services TSF	postage, delivery ar	xpenditure supporting/opposing others (explain)*
ials		polling and survey research	
S :	TRC candidate travel, lodging, and meals	PHO phone banks	allot fees
costs	TEL t.v. or cable airlime and production costs	petition circulating	
		OFC office expenses	onmonetary)*
		MTG meetings and appearances	
	ations RAD radio airtime and production costs	member communications	lia/misc.

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#### Payments Made Schedule E

Amounts may be rounded to whole dollars.

CALIFORNIA FORM SCHEDULE E

from through Statement covers period 01/01/2017 12/31/2017 I.D. NUMBER Page \_ 18 1397556 앜 24

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

Randy Fox for City Council 2018 SEE INSTRUCTIONS ON REVERSE NAME OF FILER

CMP campaign paraphernalia/misc.
CNS campaign consultants FND fundraising events CTB contribution (explain nonmonetary)\* IND independent expenditure supporting/opposing others (explain)\* CVC civic donations LIT campaign literature and mailings LEG legal defense FIL candidate filing/ballot fees OFC office expenses POS postage, delivery and messenger services PET. MBR member communications MTG meetings and appearances POL polling and survey research PHO phone banks PRT print ads PRO professional services (legal, accounting) petition circulating WEB information technology costs (internet, e-mail) VOT voter registration TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor SAL campaign workers' salaries TRC candidate travel, lodging, and meals TEL t.v. or cable airtime and production costs RFD returned contributions RAD radio airtime and production costs

2,418.06	\$UBTOTAL \$	n Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
1,068.06	Airfare in lieu of payment to consultant	CNS	Southwest Airlines 2702 Love Field Drive Dallas, TX 75235
225.00	Bookkeeping	PRO	Political Visions 1912 Grand Avenue San Rafael, CA 94901
675.00	Bookkeeping	PRO	Political Visions 1912 Grand Avenue San Rafael, CA 94901
450.00	Bookkeeping	PRO	Political Visions 1912 Grand Avenue San Rafael, CA 94901
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

#### Payments Made Schedule E

Amounts may be rounded

to whole dollars.

Statement covers period

01/01/2017

from

through

12/31/2017

CALIFORNIA SCHEDULE E

I.D. NUMBER

Page \_

19

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24

1397556

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CNS campaign consultants CMP campaign paraphernalia/misc.

CTB contribution (explain nonmonetary)\*

Randy Fox for City Council 2018 NAME OF FILER

CVC civic donations FIL candidate filing/ballot fees

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\* LEG legal defense

LIT campaign literature and mailings

OFC office expenses MBR member communications
MTG meetings and appearances

PHO phone banks

POL polling and survey research

PET petition circulating

POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads

RFD returned contributions
SAL campaign workers' salaries RAD radio airtime and production costs

TEL t.v. or cable airtime and production costs

TRC candidate travel, lodging, and meals

TRS staff/spouse travel, lodging, and meals
TSF transfer between committees of the same candidate/sponsor
VOT voter registration

WEB information technology costs (internet, e-mail)

1,078.37	SUBTOTAL \$	n Schedule D.	* Payments that are contributions or independent expenditures must also be summarized on Schedule D.
137.15	Lodging-Booked through SW Hotels. Actual hotel was Holiday Inn Capitol Plaza in Sacramento, CA.	TRC	Southwest Hotels 641 West Lake Street Chicago, IL 60661
252.96	Candidate Airfare-Ontario to Sacramento (round trip)	TRC	Southwest Airlines 2702 Love Field Drive Dallas, TX 75235
130.19	Airfare-Itinerary change	CNS	Southwest Airlines 2702 Love Field Drive Dallas, TX 75235
558.07	Airfare in lieu of payment to consultant	CNS	Southwest Airlines 2702 Love Field Drive Dallas, TX 75235
AMOUNT PAID	OR DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)
0;			

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Payments Made whole collars.	Statement covers period	CALIFORNIA
	from 01/01/2017	FORM <b>40</b> 0
	through 12/31/2017	Page 20 of 24
SEE INSTRUCTIONS ON REVERSE	1	•
NAME OF FILER		I.D. NUMBER
Randy Fox for City Council 2018		1397556

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

The Williams Company 3711 Arlington Avenue Riverside, CA 92506	NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)  CODE OR	CNS campaign consultants  CNS campaign consultants  CNS campaign consultants  CTB contribution (explain nonmonetary)*  CVC civic donations  FIL candidate filing/ballot fees  FND fundraising events  IND independent expenditure supporting/opposing others (explain)*  LEG legal defense  LIT campaign literature and mailings  MTG meetings and appearances  OFC office expenses  PET petition circulating  PHO phone banks  POL polling and survey research  POS postage, delivery and mess  PRO professional services (legal
Fundraisi	DESCRIPT	MTG meetings and appearances OFC office expenses PET petition circulating PHO phone banks POL polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads
Fundraising Consulting	ION OF PAYMENT	RAD radio airtime and production costs RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production costs TRC candidate travel, lodging, and meals TRS staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor VOT voter registration WEB information technology costs (internet, e-mail)
 4,846.09	AMOUNT PAID	costs Is sals same candidate/sponsor net, e-mail)

## Schedule E Summary

4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	2. Unitemized payments made this period of under \$100	1. Itemized payments made this period. (Include all Schedule E subtotals.)
--	--	--	--

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D. SUBTOTAL \$ 4,846.09

#### Schedule F Accrued Expenses (Unpaid Bills)

Amounts may be rounded to whole dollars.

CALIFORNIA A CO SCHEDULE

Statement covers period

1397556		Randy Fox for City Council 2018
I.D. NUMBER		NAME OF FILER
	(	SEE INSTRUCTIONS ON REVERSE
Page 21 of 24	through 12/31/2017	
FORM 400	from 01/01/2017	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc.

CVC civic donations CTB contribution (explain nonmonetary)\* CNS campaign consultants FIL candidate filing/ballot fees PHO phone banks PET petition circulating OFC office expenses MTG meetings and appearances MBR member communications SAL campaign workers' salaries TEL t.v. or cable airtime and production costs RFD returned contributions RAD radio airtime and production costs TRC candidate travel, lodging, and meals

POL polling and survey research

TRS staff/spouse travel, lodging, and meals

FND fundraising events

IND independent expenditure supporting/opposing others (explain)\* LIT campaign literature and mailings LEG legal defense NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR DESCRIPTION
OF PAYMENT POS postage, delivery and messenger services PRO professional services (legal, accounting) PRT print ads (a)
OUTSTANDING BALANCE
BEGINNING OF THIS PERIOD (b)
AMOUNT INCURRED
THIS PERIOD VOT voter registration TSF transfer between committees of the same candidate/sponsor WEB information technology costs (internet, e-mail AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) (d) OUTSTANDING BALANCE AT **CLOSE OF THIS PERIOD** 

## SCHEDULE F SUMMARY

- 2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on 1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.). \_ \_ \_ \_ \_ INCURRED TOTALS \$
- 3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and
- Payments that are contributions or independent expenditures must also be on the Summary Page, Column A, Line 9,)\_ \_ \_ \_ \_ \_ \_ \_ \_ accrued expenses of \$100 or more, plus total uniternized payments on accrued expenses under \$100.) \_ SUBTOTALS 1 \_ \_ PAID TOTALS \$ 1 NET \$ 8

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summarized on Schedule D.

#### Schedule G

## Contractor (on Behalf of This Committee) Payments Made by an Agent or Independent

Amounts may be rounded

SCHEDULE G

					Windle Collars,
		·	through 12/31/2017	from 01/01/2017	Statement covers period
1397556	I.D. NUMBER		Page 22 of 24	FORM <b>400</b>	CALIFORNIA

SEE INSTRUCTIONS ON REVERSE NAME OF FILER Randy Fox for City Council 2018

NAME OF AGENT OR INDEPENDENT CONTRACTOR

Southwest Airlines

Madison, WI 53703 427 West Mifflin Street #4 427 West Mifflin Street #4 Herrera Strategies Madison, WI 53703 427 West Mifflin Street #4 Herrera Strategies Madison, WI 53703 Herrera Strategies CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CTB contribution (explain nonmonetary)\* CNS campaign consultants LIT campaign literature and mailings CVC civic donations LEG legal defense IND independent expenditure supporting/opposing others (explain)\* FND fundraising events FIL candidate filing/ballot fees CMP campaign paraphemalia/misc. NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) PRO professional services (legal, accounting) POS postage, delivery and messenger services POL polling and survey research OFC office expenses PHO phone banks PET petition circulating MTG meetings and appearances PRT print ads MBR member communications CODE CNS CNS CNS S Airfare in lieu of payment to consultant Airfare in lieu of payment to consultant DESCRIPTION OF PAYMENT Airfare-Itinerary change SAL campaign workers' salaries WEB information technology costs (internet, e-mail) VOT voter registration TSF transfer between committees of the same candidate/sponsor TRS staff/spouse travel, lodging, and meals TRC candidate travel, lodging, and meals TEL t.v. or cable airtime and production costs RAD radio airtime and production costs
RFD returned contributions AMOUNT PAID 1,068.06 130.19 558.07

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

TOTAL \* \$

1,756.32

Schedule H Loans Made to Others\*

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Randy Fox for City Council 2018

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)

IF INDIVIDUAL, ENTER
OCCUPATION AND EMPLOYER
(IF SELF- EMPLOYED, ENTER
NAME OF BUSINESS)

(a) OUTSTANDING
BALANCE
BEGINNING THIS PERIOD

Amounts may be rounded to whole dollars.

460

mole dollars.	<b></b>	Statement covers period from 01/01/2017	covers period 01/01/2017	CALIFORNIA FORM	460
	pt.	through12/3	12/31/2017	Page 23	of 24
				I.D. NUMBER	
				1397556	556
(b) AMOUNT OANED THIS C PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
	PAID				CALENDAR YEAR
	\$	€9	%	₩	<del>\$</del>
	FORGIVEN		RATE		PER ELECTION**
			<del>ся</del> 		

DATE DUE

DATE INCURRED

\*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.

SUBTOTALS

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### Schedule I Miscellaneous Increases to Cash

Amounts may be rounded to whole dollars.

CALIFORNIA A SCHEDULE

MISCEllaneous increases to Cash	Statement covers period from 01/01/2017	FORM 460
SEE INSTRUCTIONS ON REVERSE	through 12/31/2017	Page 24 of 24
Randy Fox for City Council 2018		I.D. NUMBER 1397556
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

## Schedule I Summary

		1 Total misspellangous increases to each this period (Add Lines 1-2) and 2 Enter have and an the
.00	₩	3. Total of all interest received this period on loans made to others. (Schedule H, Column (e))
.00	ن ا	2. Unitemized increases to cash of under \$100 this period
.00	। स्क	1. Itemized increases to cash this period

#### SUBTOTAL \$

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